

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of New York

Elizabeth Chan; Tamara Hoffman

Plaintiff(s)

v.

United States Department of Transportation, Federal
Highway Administration, Shailen Bhatt, Richard J. Marquis,
Lisa Garcia, Stephen Goodman, Allison L.C. De Cerreno,
Nicholas A. Choubah, and William J. Carry_____
Defendant(s)

Civil Action No. 1:23-cv-10365-LJL

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Michael Culotta (formerly Stephen Goodman)
Regional Administrator for the Federal Transit
Administration's Region 2 Office
Region 2 Office
Federal Transit Administration
One Bowling Green, Room 428
New York, NY 10004

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Alan M. Klinger
Dina Kolker
David Kahne
STEPTOE LLP
1114 Avenue of the Americas
New York, New York 10036

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Date: 01/25/2024

Signature of Clerk or Deputy Clerk

Civil Action No. 1:23-cv-10365-LJL

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Michael Culotta (formerly Stephen Goodman) Regional Administrator for the Federal Transit
 was received by me on *(date)* 02/07/2024 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: I mailed a copy of the Summons through Certified Mail

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 02/14/2024



Server's signature

Carolyn Thomas


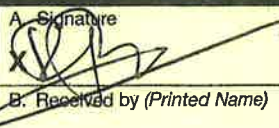
Printed name and title

1114 Avenue of the Americas New York, NY 10036


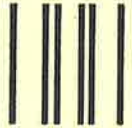
Server's address

Additional information regarding attempted service, etc:

12:53 PM
2/13/24

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Michael Culotta (formerly Stephen Goodman) Regional Administrator for the Federal Transit Administration's Region 2 Office Region 2 Office Federal Transit Administration One Bowling Green, Room 428 New York, NY 10004</p> <p> 9590 9402 8564 3186 3584 67</p> <p>2. Article Number (Transfer from service label) 7018 0680 0002 1356 0726</p>	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 2/9/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #	
	
9590 9402 8564 3186 3584 67	
<p>United States Postal Service</p>	<p>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</p>
<p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <p>Alan M. Klinger Dina Kolker David Kahne STEPTOE LLP 1114 Avenue of the Americas New York, New York 10036</p>	